



MOTOR VEHICLE DAMAGE ACCIDENT REPORT

This form must be submitted within 24 hours if there is an Employee or Volunteer injury associated with this report
Note: all Items and Sections noted in bold italics with an asterisk are required fields and MUST be completed

Submitter's FIRST Name: Submitter's LAST Name:

Phone Number: Email Address:

School / Building*:

Date of Accident* (m/d/y) Time of Accident* (use 24-hour clock e.g. 1:15 pm is 13:15)

LOCATION*

Location of Accident Off-Site On-Site

If Off-Site, state Facility Name and Address - and/or specify location of accident*

FACILITY Name:

Address:

City: Postal Code:

Provide more details, if necessary:

INCIDENT INFORMATION* (Description of Incident)

Type of Vehicle Incident*

- Break-In Collision (single vehicle) Flood Vandalism
Collision (multiple vehicles) Fire Theft Other (specify)

Were the Police Notified? Yes No

If Yes, report Officer's Name Police Report No.

Road Conditions

- Dry Gravel Icy Mud Wet

Weather

- Clear Cloudy Fog/Mist Hail Rain Sleet Snow

Were there injuries*? Yes No How many people were injured?

How many vehicles involved? Any damage to property other than vehicles*? Yes No

Additional Information

CHECK if media has been involved or likely to be involved CHECK if legal action has been threatened Record number of people involved



VEHICLE INFORMATION*

Vehicle Ownership Type 3rd Party District / Board Rental

Purpose of vehicle use at time of incident

Delivery / Transport Goods Maintenance Not in use Transporting Students

Other (specify)

Make of Vehicle*

Bluebird Freightliner IHC Mack Pontiac Royal Thomas Trailtech
 Chevrolet GMC International Mitsubishi Rainbow Snowbear Tomcat Wells Fargo
 Dodge Hinc Kenworth MCI Rogers Sterling Toyota Western Star
 Ford Other (specify)

Vehicle Model

Bus (25-50 Passenger) Trailer – Dump Truck – Heavy Duty Truck Van – Chev Uplander
 Bus (50+ Passenger) Trailer – General Truck – Medium Duty Truck Van – Cube
 Bus – Coach (40+ Passenger) Trailer – Utility Truck – Other Van – Dodge Sprinter
 Car – Camry Truck – Chev S–10 Pick-Up Truck – Pick-Up Van – Ford Econoline
 Car – Other Truck – F150 Truck – Ram Van – Ford Winstar
 Other – Unspecified Truck – F250 Truck – Sonoma Van – GMC Safari
 SUV – Other Truck – F350 Truck – Sierra Van – GMC Savana
 SUV – Rav4 Truck – F450 Truck Silverado Van – Minivan (7 Passenger)
 Trailer – 5th Wheel Truck – F550 Van – Caravan Van – Other
 Trailer – Boat Truck – F650 Van – Cargo Van Van – Shuttle (15-25 Passenger)
 Trailer – Car Hauler Truck – F750 Van – Chev Express Van – Shuttle (7-15 Passenger)

Year _____ Serial Number _____ Province _____

Mileage _____ Estimated Damages \$ _____

If Vehicle is a rental; identify rental company's name and phone number:

Company _____ Phone (incl. area code) _____

Number of Passengers in vehicle* Number of passengers wearing seatbelts

OPERATOR INFORMATION* (Complete third party operator information for multiple vehicle collisions)

Operator is*: Employee OR Third Party

First Name*: _____

First Name: _____

Last Name*: _____

Last Name: _____

Employee ID: _____

Third Party Address: _____

Job Position: _____

Province / Postal Code: _____

Status*: Caretaking Staff
 Certificated Staff
 Exempt Staff
 Support Staff
 Trades
 Other (specify)

Phone (incl. area code): _____
eMail Address: _____
Driver's License #: _____ Year Licensed: _____
Policy #: _____
Insurance Company: _____
Agent's Name: _____



Operator Injury Details*

If First Aid was administered, complete name of First Aider*: FIRST Name: LAST Name:

Description of First Aid Administered

Blank lines for describing first aid administered.

Qualified District First Aider*? Yes No

First Aid Qualification Advanced Emergency Nurse Standard Wilderness

Was a Paramedic or Physician Called? Yes No If Yes, was an ambulance called? Yes No

Provide name of physician or hospital / phone number

If no ambulance was used, identify method of transportation

Did this person lose time from work*? Yes No First day of lost time (m/d/y)

Injury / Illness Type* (check as many that apply)

- Back / Spinal injury, Bad Scrape, Broken or fractured bones, Concussion, Dislocated / Separated joint, Other (specify), Dizziness / Headache / Nausea, Fainting, loss of consciousness, Fatality, Laceration, Minor Cut / Laceration / Irritation, Minor scrape or bump, Minor swelling or bruising, Muscle pull or strain, Permanent disability, Serious / Major bleed, bruise or swelling, Severe sprain, Severe wound (scarring or surgery)

Body Part* (check as many that apply)

- Abdomen / Stomach, Ankle, Back, Buttocks, Cheek(s), Chest Area, Chin, Collarbone, Ear(s), Elbow, Eye(s), Finger(s) / Thumb, Foot, Groin, Hand, Head, Hip, Knee, Lower arm, Lower leg / Calf, Mouth, N/A, Neck / Throat, Nose, Possible internal injuries, Shoulder, Side / Ribs, Teeth, Toes, Other (specify)

- If there are injuries to passengers involved in the motor vehicle accident, complete SECTION THREE (3) of the Student / Employee Injury FORM for each involved person and attach to this report
If there is a hazard associated with this injury, complete a HAZARD FORM and attach to this report

WITNESS* (Use separate sheet if more than one witness)

Were there any witnesses*? Yes No

Witness FIRST Name: Witness LAST Name:

Address / City / Postal Code:

Phone Number:

WITNESS ROLE

- Bystander, Contractor, Daycare, Employee, Neighbour, Parent, Student, Supervisor, Volunteer

Date of Report:

Report Approved by:

Position: (print clearly)